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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/521,989 Conf.# 1940
	Filing Date	November 3, 2005
	First Named Inventor	Hesson CHUNG
	Art Unit	1615
	Examiner Name	J. T. Palenik
	Attorney Docket Number	4698-0110PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 02292☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number:

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required. (See below)

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*Total of

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forms are submitted.